

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/593153</b>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		1		1				
4		3		1				
5		⓪		1				
6		⓪		1				
7		⓪		1				
8		⓪		1				
9		⓪		1				
10		⓪		1				
11		⓪		1				
12		⓪		1				
13		⓪		1				
14	1		1					
15		⓪		1				
16		⓪		1				
17		⓪		1				
18		⓪		1				
19	1		1					
20		1		1				
21		2		1				
22		2		1				
23		⓪		1				
24		⓪		1				
25		⓪		1				
26		⓪		1				
27		⓪		1				
28		⓪		1				
29		⓪		1				
30		⓪		1				
31		⓪		1				
32		⓪		1				
33		⓪		1				
34	1		1					
35		1		1				
36		1		1				
37		3		1				
38		⓪		1				
39		⓪		1				
40		⓪		1				
41		⓪		1				
42		⓪		1				
43		⓪		1				
44		⓪		1				
45		⓪		1				
46		⓪		1				
47		⓪		1				
48		⓪		1				
49		⓪		1				
50		⓪		1				
TOTAL IND.	4	↓	4	↓	0	↓		
TOTAL DEP.	52	←	46	←	0	←		
TOTAL CLAIMS	56		50		0			
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
51	1		1					
52		⓪		1				
53		⓪		1				
54		⓪		1				
55		⓪		1				
56	1							
57	1							
58	1							
59	1							
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97								
98								
99								
100								
TOTAL IND.	5	↓	1	↓	0	↓		
TOTAL DEP.	4	←	4	←	0	←		
TOTAL CLAIMS	9		5		0			